

**"FEE ADDRESS" INDICATION FORM**

Address to:  
 Commissioner for Patents  
**Mail Stop M Correspondence**  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Fax to:  
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**- OR -**

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with the following customer number:



Customer Number

**23117**

*Type Customer Number here*

**OR**



Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

<b>PATENT NUMBER (if known)</b>	<b>APPLICATION NUMBER</b>
7,348,363	10/003,465

(check one)

☐ Applicant/Inventor

☒ Attorney or Agent of record 29,009  
 (Reg. No.)

☐ Assignee of record of the entire interest. See 37 C.F.R. § 3.71. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)

☐ Assignment recorded at Reel \_\_\_\_\_ Frame \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 /Leonard C. Mitchard/  
 Typed or printed name

\_\_\_\_\_  
 703-816-4005  
 Requester's telephone number

\_\_\_\_\_  
**October 15, 2009**  
 Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.\*

☒ \*Total of 1 form/s are submitted.